

clergyman, other relative.

## University of the Incarnate Word Office of Financial Assistance Dependent Without Parent Support Documentation

4301 Broadway, Box 308 San Antonio, TX 78209 Phone: (210) 829-6008 Fax: (210) 283-5053 finaid@uiwtx.edu www.uiw.edu/finaid

DEPEND

(Black Ink Only)

Last Name	First Name	MI	Student ID Number or SSN
Major	Home/Ce	ll Phone Number (s)	Expected Graduation Date
unable to secure parent independent status. By	information because a parent re	efuses to complete the FAI ats may still complete the p	omplete the application process. Students who are FSA are still dependent students, and not eligible for process without parent information; however they will
Dependent students wi	thout parent information on the	FAFSA are ineligible for	grants, work program funds or subsidized direct loans.
unsubsidized Staffor (1) that their parents financial support to t	nts refuse support are not elig d loans only. For a student to refuse to provide information hem. Include the date suppor	be eligible for this proven for their FAFSA and (t ended. If the parents re	override, but they may be able to receive vision, the student must provide documentation 2) that they do not and will not provide any efuse to sign and date a statement to this effect, fricient), such as a teacher, counselor, cleric, or
maximum the studen			nt unsubsidized Stafford loans up to the rade level (but not the amount a student can get
parent refuses to pro- consideration for uns	form documents that I will raide information. I understandstated direct loans only.	nd that submitting this for I will not qualify for gra	tion on my FAFSA application, because my or the current academic year will allow ants, federal work programs, or subsidized direct dependent students by grade level.
The last date of paren	nt support was:		_
Student Signature: _			Date:
Parent Certification I certify that I will no academic year.		n the student FAFSA or	provide any support for the student during the
The last date of supp	ort for the student was:		
Parent Signature:			Date:
			Email:
Attach a statement in		ipport and date support	ended to document parent refusal to provide ble third parties: high school counselor,